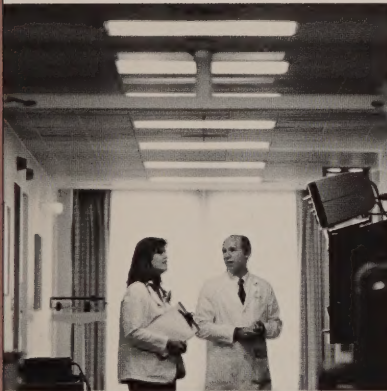


New England Deaconess Hospital 1990 Annual Report



A Spirit of Collaboration

To express an idea to others, to critically modify the idea, to make agreements and to hold to the terms of mutual decisions; these are the requisite components of collaboration. Moreover, they are manifestations of a biological imperative to seek the help of our fellow human beings in reaching shared goals.

Noted author Lewis Thomas, M.D., a man “permanently startled by the realization that we are a social species,” writes in *Lives of a Cell* that the “gift of language is the single human trait that marks us all genetically, setting us apart from the rest of life. Language is, like nest-building or hive-making, the universal biologically specific activity of human beings. We engage in it communally, compulsively and automatically. We cannot be human without it; if we were to be separated from it our minds would die, as surely as bees lost from the hive.”

In its 96th year of service to Bostonians and people from around the world, the New England Deaconess Hospital recognizes that only by communicating and collaborating has its place been established on the national health care scene. Synergistic pacts with a spectrum of colleague institutions have made it possible to achieve more than the description “464-bed tertiary care center” implies. The Hospital’s influence goes well beyond its 15 buildings and 3,000 full- and part-time employees. A reputation for improved care techniques, which emanated from clinical and basic research, has developed locally and abroad.

With its many companions in health care—from the almost century-old friendship with the Joslin Diabetes Center, to the flourishing relationship with Harvard Medical School, to valuable clinical and academic associations with community hospitals—the Deaconess Hospital continues to concentrate on founding Deaconess Mary E. Lunn’s vision to make the Hospital “a place where science and kindness should unite in combatting disease.”

Quality service is the Hospital’s standard for success. Superior care and commitment to collaboration have made it a strong ally to numerous health, educational, human service and business concerns. Community hospitals in particular work with the Deaconess Hospital to provide complex medical and surgical services—such as liver and pancreas transplants—and to return patients in the most efficient manner to their original care setting or home.

This 1990 Annual Report recognizes and celebrates bonds with more than 140 separate institutions, including a new Chinese medical and nursing exchange program with Xi’an Medical University. Each of these agreements fills an important need in patients’ care and comfort. As hospital president and chief executive officer, J. Richard Gaintner, M.D., guides the institution’s growth and redevelopment, he continues to seek ways in which to bring the values of “science and kindness” to all patients via such partnerships.



Dr. Glenn Steele, Jr.
and Margaret Carr



“They are the best of colleagues and
I love them both.
They have become a permanent part
of my life.”

—Margaret Carr

Joining hands to heal

Since its founding in 1896, the New England Deaconess Hospital has sought to provide each patient with the best, most appropriate care. However, the Hospital has recognized that it cannot and should not attempt to be all things to all people. Accordingly, the Hospital has associated with institutions which appear to be suited to assist in the care and service of its patients.

A Smooth Community Link

When institutions cooperate without difficulty, it's a sign that a great deal of hard work has been orchestrated—very carefully. Transportation, information transfer, and a focus on the minute-to-minute needs of the patient are what make inter-hospital collaboration a trusting, fruitful bond, instead of a bureaucratic nightmare.

Margaret Carr probably would never have considered coming to the New England Deaconess Hospital without her surgeon's recommendation. But when she experienced painful post-surgical complications at Goddard Hospital, Edward Gray, M.D., suggested that Deaconess Hospital cancer surgeon Dr. Glenn Steele might be the one to remove her pancreatic cyst.

After years of dealing with patient transfers, the Deaconess has honed its system of handling incoming patients and patient records. Mrs. Carr was taken from an ambulance directly to her room. Her records were filed at the Department of Surgery before she left the triage area. Later that night, after arriving from out of town, Dr. Steele visited her in her room.

"In walks this young man," Mrs. Carr recalls. "I knew he had just flown in from Canada. He could have waited until the morning to see me, but he wanted to make sure that I was calm and comfortable."

Mrs. Carr received five weeks of medical treatment before her pancreas was healthy enough to undergo surgery. In the meantime, she enjoyed the company of her family, who visited from south of Boston, and befriended the Deaconess staff. She was gratified by the trust she felt between her surgeon, Dr. Gray, and her new referral specialist, Dr. Steele.

"They are the best of colleagues and I love them both," she says. "They have become a permanent part of my life."

The spirit of collaboration is a treasured component of the Hospital's tradition, typified by its intimate relationship with the Joslin Diabetes Center. Almost since its founding, the Deaconess provided space for Elliot P. Joslin, M.D.'s patients and, as a result, the first therapeutic injection of insulin was given in 1922 on the current Deaconess Hospital site.

Today, the Joslin is America's preeminent medical provider of ambulatory care, education and research for people with diabetes. In such collaborative facilities as the Diabetes Treatment Unit, the Deaconess and Joslin bring together the finest medicine has to offer by educating patients who suffer from uncontrolled diabetes.

New depth was brought to these two institutions when Department of Medicine Chairman Robert C. Moellering, Jr., M.D., Harvard Medical School Shields Warren-Mallinckrodt Professor of Medical Research, announced the formation of a Deaconess-Joslin Division of Nephrology. Led by Patricio Silva, M.D., associate professor of medicine at Harvard Medical School, the Division is a completely shared proposition, with joint appointments for each Division physician. For the diabetic kidney patient, it means increased continuity of care.

Today the Hospital is reaching out to more hospitals, health maintenance organizations, clinics, nursing homes, community health centers and other institutions. For instance, members of the Deaconess Department of Pathology staff consult to several hospitals in the Longwood Medical Area. An agreement to build a model for joint patient care in selected cases recently was signed with the internationally acclaimed Dana-Farber Cancer Institute. Such efforts broaden the Hospital's treatment of critically ill patients in the New England region and beyond.

In September 1990, the Hospital entered into a three-member partnership with Holy Family and Lawrence General Hospitals to establish a new Merrimack Valley Cardiac Catheterization Service. The service will alternate weekly between the two hospitals, and thus brings valuable medical technology to the people of these two North Shore communities. The plan, which received the support and endorsement from State Senator Patricia McGovern, is just one example of community hospitals and academic tertiary facilities combining unique talents to provide quality care at the local level. The Deaconess' role in the Merrimack Valley partnership is to act as the principal referral center for high-risk or complex cases, including those requiring artery-clearing surgery or angioplasty. Stanley Lewis, M.D., director of clinical cardiology and instructor in clinical medicine at Harvard Medical School, also will provide direction on staffing, physical renovations, quality assurance and education, and acquisition of medical equipment for the new unit.

Dr. Lewis, described as the “consummate referral cardiologist,” is known as much for his ability as a physician as for his loyalty and regard for referring physicians. As a result, the Cardiology Section more than doubled the annual number of angioplasty and cardiac catheterization procedures between 1986 and 1989, and leads all other New England facilities in case volumes.

The Deaconess Hospital medical staff has demonstrated its ability to collaborate and share its expertise in a number of ways, offering many part-time services to community hospitals in search of qualified hands and minds:

- John “Kim” Jessup, M.D., serves as a surgical oncologist at Goddard Memorial Hospital in Stoughton. This continues a cooperative arrangement with Park Surgical Group that was initiated several years ago by Glenn Steele, Jr., M.D., PH.D., chairman of the Department of Surgery and The William V. McDermott Professor of Surgery at Harvard Medical School.
- At Natick’s Leonard Morse Hospital, vascular surgeon Arnold Miller, M.D., offers his skills along with a detailed knowledge of the growing field of angioscopy, a non-invasive method for examining diseased veins.
- Peter Madras, M.D., is a member of the vascular surgery service at Beverly Hospital and its associated ambulatory facility in Danvers, the Hunt Center.

For years, Dr. Gaintner has encouraged such relationships between tertiary and community hospitals because they promote quality and economy. The Deaconess’ status as a major teaching hospital of Harvard Medical School adds potential recruitment and educational activities to community hospitals.

Ties to community hospitals have been strengthened further through the rapidly growing Division of Podiatry, headed by Geoffrey Habershaw, D.P.M. For example, Dr. Habershaw has been named chief of podiatry at Quincy City Hospital, while his colleague James Chrzan, D.P.M., is chief of podiatry at Leonard Morse Hospital. That Division has built community podiatric centers in several suburban Boston communities, including Quincy, Natick, Franklin and Rockland. Podiatrists form an important “first line of defense” in diabetic care, and often are the first to see and refer potentially serious vascular disease cases.

The growing elderly population, including those suffering with Alzheimer’s disease and other cognitive disabilities who reside in nursing homes, also challenges the abilities of health care professionals to work together. In 1986, James Tullis, M.D., former chairman of the Department of Medicine, offered the Deaconess Hospital’s expertise in dealing with cognitive disorders to Donald Powell, executive director of Sherrill House, located in neighboring Jamaica Plain.

Today, the third floor of Sherrill House is devoted to this fruitful program, in which the combined efforts of medical and nursing home staff have given formerly fearful and disruptive nursing home residents some relief from the confusion of dementia.

The Deaconess’ John Delfs, M.D., medical director of the Sherrill House program and assistant professor of neurology at Harvard Medical School,

A Match Made in Heaven

It was a match made in heaven for Walter Bogner and Cecilia Gill. He was from Harvard, she from Radcliffe. She had known a distinguished career in child psychology, briefly serving as chief psychologist for Boston Children’s Hospital. He had international renown as a Harvard professor of architecture, a colleague and collaborator of the famous Walter Gropius. They would live their married life in the home he had built in Lincoln. At age 72, they looked forward to a new life together.

But then senile dementia set in. Both began to lose their abilities to function independently. And the best home care was not the answer. Several times, strangers found Mrs. Bogner wandering far from home; Mr. Bogner was restrained with heavy medication.

Deaconess Hospital neurologist John Delfs, M.D., had just launched an innovative program pairing Deaconess medical expertise with Sherrill House Nursing Home’s capacity for elder care. The project’s goal was to identify new ways to help nursing home residents suffering from senile dementia, Alzheimer’s disease, Parkinson’s disease, and victims of stroke.

“In virtually any other facility, each of these people probably would be the most disruptive resident in the nursing home,” Dr. Delfs says. “Here we can help them piece together their world, allaying the fears that make them aggressive, violent or anxious.”

Now, the Bogners require less psychoactive medication. Staff gently remind them who and where they are, and preview their daily activities. While they seldom converse, they lunch together each day.

The interdisciplinary model of Sherrill House brings together physicians, social workers, nurses and nursing assistants to confront each patient’s problem.

Cecilia and Walter Bogner
and Dr. John Delfs



“There is a richness of staff at Sherrill House
that makes this level of care possible.”

—Walter Bogner Jr.

Dr. Jennifer Potter
and Juergen Horn



“Dr. Potter showed up all the time
to ask me how I was feeling.
I’ve been in the hospital many times,
but they took better care of me
than any hospital I ever knew.”

—Juergen Horn

has assembled a team of specially-trained professionals on the unit. The multi-disciplinary approach focuses all care-givers, including physicians, nurses, social workers and nurse assistants, toward the improvement of the residents' quality of life. Such an environment restores peace and dignity to patients, allowing them to live without unnecessary physical and pharmacological restraints.

The Sherrill House program currently is participating as a pilot study site for the Gerontological Society of America, which recently sent a 60-member team to learn Sherrill House care techniques and their benefits to residents.



Giving back to the community

A hospital is a partner in community service, and only can be considered useful to the extent that the community benefits from its presence. The Deaconess Hospital therefore has extended its efforts to bring health to the surrounding communities, not only through medical care, but with assistance to the poor, for victims of discrimination, and for people in need of language skills. The Hospital contributes to New England's economic health by training students and adults for health careers.

This year, Deaconess President Dr. Gaintner was the lead volunteer to oversee the Massachusetts Bay United Way Campaign's Medical and Human Services Division fundraising program for the Greater Boston area. The Hospital is proud of its traditional United Way support, which began under preceding president Laurens MacLure. Dr. Gaintner carried the United Way banner to institutions throughout Boston in speeches and other functions. As a contributor, the Deaconess Hospital participated as a "pacesetter institution" for the Campaign, raising \$80,000 in pledges, a 60 percent increase over the previous year.

The Deaconess also contributes directly to the medical care and welfare of poor and less fortunate Bostonians. Through neighborhood-based health centers and local human service institutions, the Hospital for many years has channeled both money and services to those who need access to health care:

- Deaconess Hospital physicians regularly share expertise in treating AIDS patients with care-givers throughout Massachusetts through on-site training and consultation programs. Such outreach efforts recently were formalized by creating a Deaconess multi-disciplinary AIDS team to train and consult to a number of medically-underserved Massachusetts communities.
- Each week, eight Deaconess medical residents bring their expertise to the community at the Roxbury Comprehensive Community Health Center's Adult Medicine Clinic.
- Persons with AIDS are referred to the Deaconess Hospital by numerous physicians, community service and Medicaid case management groups. Parents of HIV-infected children are referred to the Deaconess by Children's Hospital pediatricians, while children of Deaconess HIV-infected patients are referred to Children's.

A Diverse Residency Experience

Juergen Horn likes to fry potato pancakes floating in oil, and he still does it every couple of months. But since he was diagnosed with congestive heart failure, he gives more of the pancakes to his neighbors than he eats himself.

When he checked into the Veteran's Administration Hospital in Manchester, a medical resident "attached herself to me," he says. She turned out to be Jennifer Potter, M.D., who was rotating through the "Manch," as it's nicknamed, during her third year of Deaconess Hospital medical residency.

The "Manch" gives residents such as Dr. Potter a chance to really get to know patients. Along with the other principal rotation sites, the Manchester V.A. provides opportunities for Deaconess Hospital medical residents to see patients whose cases are less complicated than those who come to the Pilgrim Rd. site. It's an opportunity for an inquisitive mind to take responsibility for all aspects of patient care.

"Residency at the Deaconess renews your idealism for contributing to society through medicine," she says. "There's a commitment from a high level to serve patients as fully as possible, and that's a real motivator to do the same."

The Manchester setting allowed Dr. Potter to apply herself to Mr. Horn's case, seeing him through difficult, painful procedures and tests. Today, she is Deaconess Hospital Department of Medicine chief resident, and Mr. Horn recalls her warmly.

"Dr. Potter showed up all the time to ask me how I was feeling," he says. "I've been in the hospital many times, but they took better care of me than any place I ever knew."

- Deaconess Hospital Internist Lawrence S. Friedman, M.D., instructor of medicine at Harvard Medical School, brings expertise in substance abuse treatment to adolescents via the medical van of Bridge Over Troubled Waters, an organization devoted to serving street teens. Free follow-up care for these youth is provided at the Hospital.
- In 1990, the Deaconess Hospital was a corporate sponsor of the AIDS Action Committee's Annual March "From All Walks of Life," which raises money to support local AIDS educational, research and treatment centers.
- During the 1990 Winter Holiday Season, the Marriott Corporation—the Deaconess' food service, housekeeping and maintenance and engineering contractor—provided free hotel rooms for relatives of low-income patients.

A community's strength can be measured by the productivity of its work force. In addition to financial and time contributions to the Boston Adult Literacy Fund, the Deaconess Hospital participates in a number of job training and recruitment programs. Never has a more diverse or skilled group of employees worked at the Hospital.

Through membership in the Private Industry Council, the Hospital supports initiatives such as:

- the Summer Jobs Program, which provides seasonal employment for public high school students;
- Opportunities in Boston, which encourages people of color to relocate to Boston to obtain their careers; and
- Project Health Care, through which people of low or moderate income levels learn or improve skills related to work in health care.

Through these and other training programs, the Hospital hires or promotes an average of 20 hospital workers each year, and strengthens its unshakable ties to the Boston community.



The Sound of a Normal Heart

It was during a second-year Introduction to Clinical Medicine course that medical student Ute Lohrman felt she really learned something about putting patient care first. Her preceptor, Dr. James Muller, was showing the class how to conduct a physical examination. They began with a discussion describing normal heart sounds, as she and her fellow students listened through a stethoscope.

The Harvard Medical School student felt baffled and belittled. She and her fellow students were supposed to be learning how to do a physical examination, not how to interpret heart sounds. Why was her preceptor going over ground they had covered some time before?

A little later, she recalled, Dr. Muller explained his redundancy: "A patient gets anxious when several students listen to his heart. They think that something must be wrong if so many people are interested. You can reassure patients by talking calmly with your colleagues about their case, because they believe that anything they overhear between doctors must be the truth."

It was a small thing, but important to see that even when teaching, Dr. Muller thought of the patient, not as a visual aid or teaching tool, but as a person who might suffer anxiety. "I was very impressed with my teachers at the Deaconess," she says. "They seem to put patients and teaching first, and that's important when you're trying to learn about medicine."

Ute Lohrman and
Dr. James E. Muller



“I was very impressed with my teachers at the Deaconess.
They seem to put patients and teaching first,
and that’s important when you’re trying to learn about medicine.”
—Ute Lohrman

Department of Nursing
educational liaison
Judith M. Farias,
student preceptor
Susan Santo-Laidlaw
and Valerie Fuller



“There’s nothing that you learn in psychiatric nursing
that you wouldn’t use again.
You see what nursing really is:
talking to people and connecting with their pain and illness.”
—Valerie Fuller

Communal classrooms

The Lessons of Psychiatric Nursing

For a young woman of 22 about to enter the clinical world, a psychiatric floor can be a frightening place. Not because of any physical threat, but rather the feeling that mental illness is something that can happen to anyone.

Boston College Senior Valerie Fuller had her first exposure to “psych” nursing through a rotation led by Boston College professor of nursing Mary Ellen Doona, R.N., B.S.N. Boston College was one of the first area nursing schools to send students to the Deaconess. There, BC students gain experience with floor medicine and treatments such as electroconvulsive therapy.

“One of the hardest things to learn in psychiatric nursing is how to approach a depressed or psychotic patient,” says Fuller. “We get the opportunity to follow a floor nurse around and watch how she assesses and helps people with various problems.”

Student nurses see patients whose problems are chronic and cyclical, and for whom recovery may never be realized through drug therapy or surgery. Continuity and an interdisciplinary approach to care are of supreme importance.

“There’s nothing that you learn in psychiatric nursing that you wouldn’t use again,” Fuller asserts. “You see what nursing really is: talking to people and connecting with their pain and illness.”

In 1985, 24 students from the Harvard Medical School Class of 1989 were chosen to prepare for their careers in medicine via the New Pathway Program. This revolutionary medical teaching model essentially allows students to teach one another, while faculty assume the more passive tutorial role. Their main goal is to facilitate classroom discussions in fruitful directions. By 1987, the New Pathway had been extended to 160 students in the Schools of Medicine and Dental Medicine.

Deaconess Hospital Department of Pathology Chairman Harvey Goldman, M.D., was one of the chief architects of the New Pathway initiative. As the former chairman of the Curriculum Committee in 1987 and faculty dean since 1988, Dr. Goldman planned and implemented the pilot program for all Harvard students.

The New Pathway has been described as a “unified theory” of education. Rather than attempt the impossible task of teaching everything physicians will ever need to know, the New Pathway trains physicians-to-be to be constant, habitual students. At the same time, the New Pathway challenges them to use information-gathering techniques that put virtually the latest, most pertinent medical knowledge at their disposal.

As the most recent to join the ranks of Harvard Medical School major teaching hospitals—the Beth Israel, the Brigham and Women’s, the Massachusetts General, and Children’s Hospitals—the Deaconess Hospital has embraced the values and techniques of Harvard’s New Pathway. When the first class of third-year medical students arrived in 1989, they were greeted by a system which was designed to let them achieve their fullest individual potentials.

Lee S. Simon, M.D., assistant professor of medicine at Harvard Medical School, developed a personalized “blank page” approach to student orientation and monitoring. Faculty expectations are set; the student manual details everything from how to complete hospital forms to the interpretation of blood gas test results. Each student is assured exposure to each type of patient deemed necessary for a complete education in medicine. Deaconess Hospital staff medical technologists, physical therapists and other allied health professionals teach medical students specific diagnostic and therapeutic skills. The course’s success can be judged by the evaluation the students themselves gave it: the highest possible rating.

Several years ago, Dr. Simon designed the highly popular Deaconess Hospital Introduction to Clinical Medicine (ICM) for second-year students about to begin clinical rotations. Now under the direction of pulmonary specialist Ronald Silvestri, M.D., the Deaconess ICM retains its attraction among Harvard students by offering some of the Hospital’s finest clinicians and researchers as teachers and preceptors. In addition, Harvard Medical School has taken a new step in training and encouraging clinical teachers in seminars through the Harvard Office of Educational Development.

Today, the Deaconess staff is ever more attuned to how teachers can use their knowledge to benefit students. Medical students no longer feel alone as they rotate through the Hospital’s units. Since the closing of the School of Nursing

in 1988, about 100 nursing students per academic year rotate through the Deaconess Hospital from School of Nursing programs including those at Northeastern University, Boston College, New England Baptist Hospital, Salem State College, and the Massachusetts General Hospital Nursing Institute.

By applying classroom theory to the clinical setting, nursing students rotating through the Deaconess see a wide variety of patients, many with complex disease management problems which seldom are seen in other hospitals. The opportunity to observe the traditional high quality of Deaconess Hospital nursing is an education in itself. Nursing graduate students gain specialized experience with highly technical procedures and technology.

To ensure the most comprehensive medical residency experience, the Deaconess Hospital collaborates with several local community hospitals to conduct its training programs. These sites prepare medical and surgical residents not only for treating the severely ill they frequently see at the Deaconess, but also for the various types of primary care so often required in other settings.

In response to the changing face of medicine and its increased emphasis on outpatient care, Deaconess Hospital residency programs have opened additional outpatient facilities to the rotation schedule, such as the West Roxbury Comprehensive Medical Group. By reaching out to community-based resources, the Hospital has been able to make its training programs as complete and diverse as possible.

Herbert Benson, M.D., chief of the Section on Behavioral Medicine and associate professor of medicine at Harvard Medical School, has undertaken an ambitious program by establishing the Mind/Body Medical Institute (MBMI). One program initiative allows him and his colleagues to teach members of the clergy how to pray for a not-so-obvious reason: relief of stress and anxiety.

MBMI seminars have demonstrated Dr. Benson's 25-year-old theory and scientifically-documented findings to hospital chaplains and other interested clergy. Hospital chaplains in particular are positioned to teach the benefits of Dr. Benson's pioneering "relaxation response" to patients who face chronic pain, stress, or those diseases worsened by tension. They learn types of prayer that elicit the relaxation response.

A recent MBMI conference attracted more than 600 clergy members, therapists, pastors, nurses and research scientists. Another clergy conference was held in Kalamazoo, Michigan, in December 1990. By forming such bonds with trusted, committed community institutions and staff, the Deaconess Hospital has brought its healing spirit to the area and to the world.



A Bridge Between Medicine and Religion

The governance of mind and body is a mystery. When the body is ill, what sort of interaction occurs with the mind to treat it? Can the mind influence the body to prevent disease and promote healing?

These are the questions being asked and answered by Herbert Benson, M.D., chief of the Section on Behavioral Medicine and HMS associate professor of medicine, in numerous books and in the research laboratory. With use of the "Relaxation Response," a self-induced meditative state, Dr. Benson has shown that certain types of illness and pain can be prevented or controlled.

When Myrna MacDougall recently underwent angioplasty after a heart attack last Christmas, she prayed and spoke often with the Rev. Edmund Babinsky, chaplain at the Medical Center of Central Massachusetts—Memorial Campus in Worcester. Rev. Babinsky had learned relaxation-response techniques at a recent Mind/Body Medical Institute seminar for clergy. Such seminars have been made possible through the generous support of venture capitalist and noted philanthropist Laurance S. Rockefeller.

"I tell my patients that I have a resource that I can share with them: meditation," Rev. Babinsky says. "If they are open to that kind of activity, they can help themselves by reducing stress and anxiety. Myrna was open to it."

He taught Myrna to empty her mind and repeat a simple phrase—"Thy will be done"—over and over while exhaling slowly. This helped to slow her heartbeat and lower her blood pressure, while relieving the mental anguish of undergoing surgery.

"I was frightened...terrified, really," she recalls. "I'd had surgery before, but never heart surgery. I had to be awake the entire time, but I focused on the phrase and tried to relax. I don't think I would have been able to go through with it otherwise."

The Rev. Edmund Babinsky
and a patient



“I tell my patients that
I have a resource that
I can share with them: meditation.”
—The Rev. Edmund Babinsky

Kevin Wert,
Leticia Cruickshank
and employment
representative
Nancy McGrory



“I applied at the Deaconess
because my friend told me there were
opportunities to advance.”

—Leticia Cruickshank

Deaconess and friends: Minding one another's business

Just as human beings must communicate to survive, so must institutions. In 1986, the Deaconess Hospital took steps to ensure and formalize business relations with other area hospitals through membership in Yankee Alliance, a 12-member northeastern health care network.

A New Kind of Contract

Normally, the contract between employer and employee guarantees little more than eight hours of work per day and a paycheck as reward. However, job training programs can benefit both parties, giving the employer an opportunity to promote loyal workers into positions that give them greater financial and intellectual rewards.

Leticia Cruickshank came to the U.S. and to the Deaconess Hospital from the Caribbean island of Grenada, where her parents and family were subsistence farmers and fishermen. She and her husband were looking for a way to escape the oppressive economic situation of their homeland, and perhaps find more challenging work.

"I applied at the Deaconess because my friend told me there were opportunities to advance," she recalls. Her first job was in the mail room of the offices at 99 Brookline Ave. Soon after, she was encouraged to train for work in the Billing Office through Project Health Care, one of several job-training programs the Hospital supports through its participation in the Private Industry Council (PIC). Through PIC, the Deaconess employs people from various ethnic and socioeconomic backgrounds, giving them the tools to advance in the health care environment.

For 22 weeks, Cruickshank spent her Thursdays in Project Health Care classes in third-party billing, insurance procedures, telephone techniques and refresher English courses. By attending these weekly classes, she was promoted to the position of billing representative. And, in July 1990, she was promoted to senior billing representative.

"When my supervisor Kevin Wert suggested I take the course, I said 'Why not?'" she recalls. "Now I'm glad I did it. The work is much more interesting and challenging."

Fellow members of the Alliance include: *Connecticut*: Hospital of St. Raphael in New Haven. *Maine*: Eastern Maine Health Care in Bangor. *Massachusetts*: Berkshire Health Systems in Pittsfield; Charlton Memorial Hospital in Fall River; Framingham Union Hospital; New England Baptist Hospital in Boston; Salem Hospital; St. John's Hospital in Lowell; and Winchester Hospital. *New York*: Albany Memorial Hospital and Glens Falls Hospital.

Through the Alliance, the Hospital has been able to take advantage of valuable group facilities that are less available to individual hospitals. For instance, Alliance marketing/planning coordinators provided geodemographic profiles of North Shore communities that helped expedite the Merrimack Valley Cardiac Catheterization Service agreement.

As chief executive officer of the Deaconess, Dr. Gaintner is a member of the Yankee Alliance Board of Directors. Institutional membership in the Alliance brings with it a shareholder position in the 1,075-member American Healthcare Systems, which serves 40 hospital networks in 44 states. This national health care group addresses financial service delivery needs, thus enabling shareholders to meet quality and value objectives. The network's nationwide presence also may help the Deaconess attract patient referrals from outside Massachusetts.

American Healthcare Systems gives hospitals access to economies of scale when purchasing high volumes of pharmaceuticals and medical materials, such as IV fluids, operating room gowns and drapes, laboratory supplies, tubes and vacutainers, needles, syringes, etc. Kurt Schmiedl, Hospital director of materials management, estimates that some \$300,000 was saved through group purchasing efforts last year. Those savings were used to benefit other priorities in patient care.

Yankee Alliance President Paul O'Neill has helped member hospitals to shoulder together such costly burdens as telecommunications and patient accounts collection, without the help of expensive outside agencies. Likewise, quarterly meetings of the Alliance Board of Directors encourage member hospitals to solve problems and undertake initiatives together. For instance, the Deaconess Hospital recently opened a surgi-center in a joint venture with Alliance member New England Baptist Hospital. In addition, Yankee Alliance links to area and nationwide hospitals increase the potential for cooperative teaching arrangements and tertiary care referrals.

Success is founded in listening to consumers and responding to their stated needs. These are the values and beliefs of the Marriott Corporation, whose associates have managed food service and housekeeping at the Deaconess Hospital since 1988, and who signed a new management contract for maintenance and engineering services in Winter 1990.

Due to financial restrictions and the need for efficiency improvements, the Marriott Corp. and the Deaconess Hospital joined together to meet the challenge of achieving more with less resources. To date, the results have been impressive in the overall improvement of patient satisfaction and in employee participation in the operation of these departments.

Because of its international presence and industry expertise, Marriott specialists have been capable and generous in providing consultation in specialty areas such as guest relations. By using techniques and systems borrowed from Marriott Hotels, recognized for high quality standards, the Marriott team has helped the Hospital to achieve higher patient satisfaction ratings. Marriott's experience also has been enlisted in the Hospital's strategic plan for redevelopment including public walk areas and expanded food services. The Hospital and Marriott Corporation share in the commitment to quality and cooperation.



Changing the System

Roll up the sleeve. Pump up the cuff until you can't hear a pulse. Now, listen through the stethoscope for the telltale sounds of systolic and diastolic pressures to return.

That's how blood pressure readings are taken, and nurses take hundreds of them every day across the hospital. With tighter schedules and increasing demands, nursing time is scrutinized more and more. How much of such monitoring is really necessary?

Elizabeth Tassinari, R.N., B.S.N., and Ann Donahue, R.N., decided to find out. Under the guidance of Janice Bell Meisenhelder, R.N., D.N.SC., they studied 144 patients assigned to Farr 3 after heart attacks, catheterization and angioplasty procedures. Not one of them had a complication detectable by blood pressure monitoring.

"Most of these patients have low complication rates in the first place," explains Tassinari. "We wanted to see if we could save some time by taking their vital signs less frequently."

Tassinari took the results to Samuel Shubrooks, M.D., who directs the Hospital's catheterization service and agreed there was no point in frequent blood pressure monitoring in patients who appear stable. Time spent needlessly taking blood pressure now can be allocated to other patient care activities and teaching. Policies have been changed to reflect these new findings.

Tassinari, who is pursuing her master's degree in nursing, has presented the results of her studies at three nursing research symposia, including the Boston Research Network, which the Department of Nursing joined during 1990.

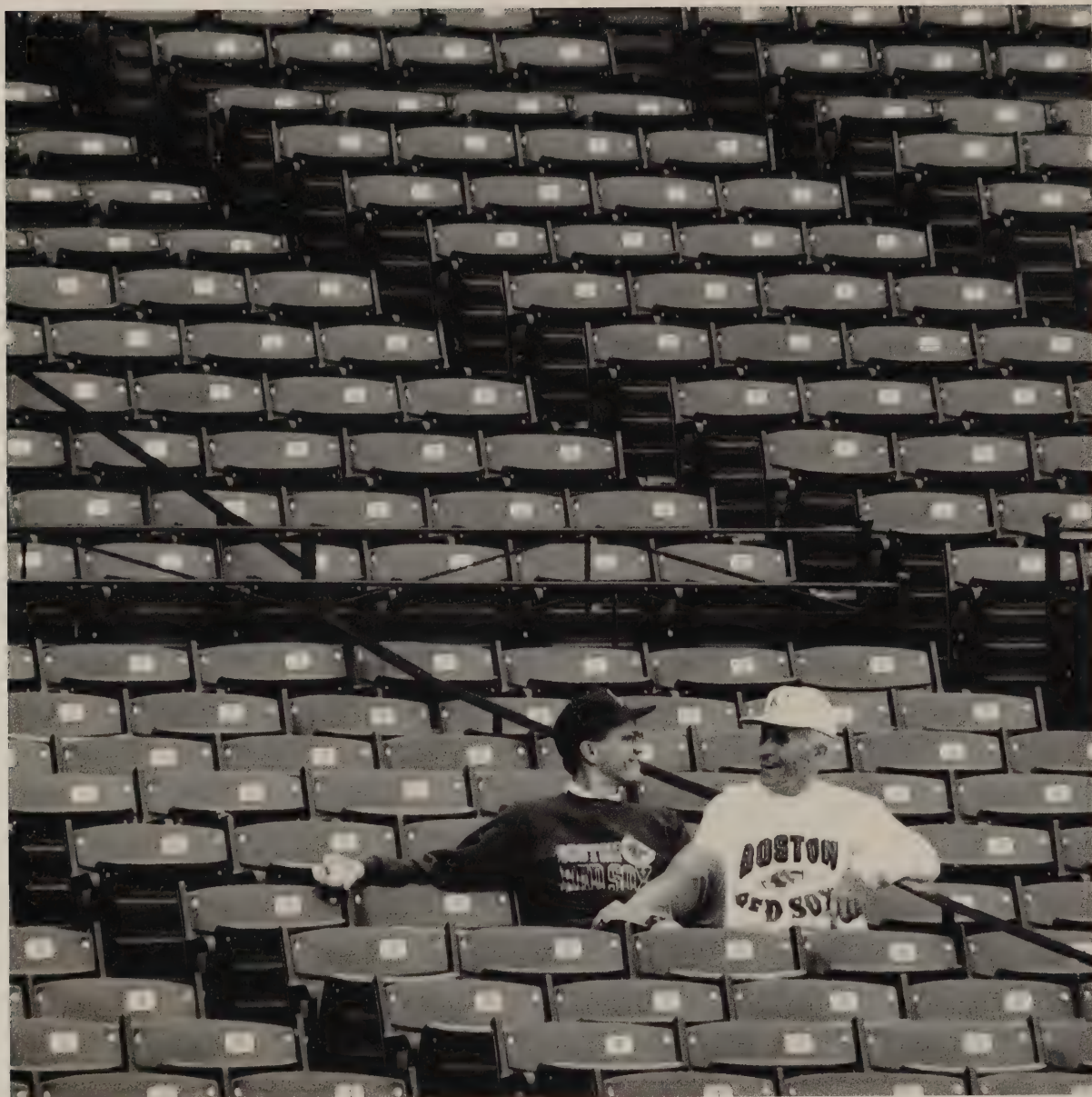
Elizabeth Tassinari
and Ann Donahue



"We wanted to see if
we could save some time."

—Elizabeth Tassinari, R.N., B.S.N.

Dr. Peter Littrup and
his father Gunnar



“I feel fortunate that I was able
to take part in developing an area
where there’s great potential
to help people with severe problems.”
—Dr. Peter Littrup

Research:

Mankind's collective enterprise

"It sometimes looks like a lonely activity, but it is as much the opposite of lonely as human behavior can be. There is nothing so social, so communal, so interdependent. An active field of science is like an immense intellectual anthill..." As Dr. Lewis Thomas so aptly shows, medical research thrives when undertaken in concert. Sharing and improving ideas, plainly marking blind alleys, reopening the routes that have not been adequately investigated, these are the harmonic activities of biomedical exploration.

Over the past 10 years, the Deaconess Hospital vastly has increased and diversified its research programs. Annualized public and private research grant contracts have grown from \$1 million to \$16 million since 1980. New research centers of excellence have been formed, and new leadership in areas such as Behavioral Medicine, Cardiology, Infectious Diseases, Nutrition, Oncology and Pathology, have emphasized the commitment to scientific questioning of knowledge.

The Deaconess Hospital is particularly proud of the initiative shown in the Center for Nursing Research, directed by Janice Bell Meisenhelder, R.N., D.N.S.C. Since 1988, nurses have completed 20 research projects, published 25 papers in nursing journals and given 33 presentations at local, national and international conferences. Some of their findings have affected hospital policy, and allowed nurses to act with more personal discretion in patient care.

To help disseminate information and improve research quality, Deaconess nurse scientists joined the Boston Research Network in 1990. The Network—a scientific collaborative created by Brigham and Women's, Beth Israel, Children's and Saint Elizabeth's Hospitals and New England Medical Center—gives nurse researchers the opportunity to cooperate in study design, increase sample sizes, and obtain more widely applicable results through multi-center projects.

The search for research space amidst the buildings of the Longwood Medical Area has become extremely competitive. At the Hospital's Shields Warren Radiation Center, founded by the late world-renowned Deaconess Pathologist Shields Warren, M.D., the Department of Radiology is building 2,000 sq. ft. of new research space to meet new needs. The space is adjacent to the \$1.3 million research facility which currently houses the magnetic resonance equipment.

Department Chairman Melvin E. Clouse, M.D., professor of radiology at Harvard Medical School, has recruited young investigators who are exploring numerous basic and clinical research projects in magnetic resonance spectroscopy and imaging, in addition to the five-year nationwide study comparing prostatic cancer detection techniques, now in its fourth year. That diagnostic study has improved patient diagnosis and treatment, and provided inspiration for young radiology residents' experiments in improved prostate biopsy and therapeutic techniques which won one resident international recognition.

Son Knows Best

It was a painful moment for third-year radiology resident Peter Littrup, M.D. The diagnosis was cancer. The patient, who merely had stopped by the laboratory to see what Peter was up to, was Littrup's father.

Littrup was participating in a national, multi-center comparison of transrectal ultrasound detection of prostate cancer with conventional finger diagnosis. Early study results indicated that the ultrasound test probably was more sensitive than the finger. But in his father's case, the opposite appeared to be true: the ultrasound appeared normal, while the finger test came up positive.

A subsequent biopsy showed that the negative ultrasound test was correct: cancer was not present. While doctor and son Peter breathed a sigh of relief, the experience shifted his attention from prostate detection to improving biopsy and therapeutic techniques.

Today, he is developing an alternative to prostate surgery that combines a blockage-clearing balloon with blood-coagulating heat. His work, conceived in collaboration with urologist Eric Sacknoff, M.D., of the Harvard Joint Center for Laser Medicine and Surgery, was recognized in June 1990 by the Radiological Society of North America's Research Fellowship Award of \$30,000.

"People often ask me 'How and why did you get involved with prostate research?' I feel fortunate that I was able to take part in developing an area where there's great potential to help people with severe problems," Dr. Littrup adds.

His father undoubtedly would agree.

Associate Professor of Medicine at Harvard Medical School and Cardiology Section Chief James E. Muller, M.D., conceived of the Department of Medicine's new Institute for the Prevention of Cardiovascular Disease (IPCD) at a critical time for funding in basic science. While the number of scientists and institutions applying for federal dollars increases each year, the availability of such grants continues to decline dramatically.

Researchers frequently are forced to abandon innovative ideas because of lack of funding. Young basic scientists without established records often must wait for several years before an opportunity to test a promising hypothesis arises. New, strategic sources of funding are needed for sophisticated equipment and experimental quarters in which to make possible such critical investigations.

The Institute will address these funding deficiencies through individual support from donors such as Robert K. Stern, an inventor from Providence who now serves as chairman of the Institute's Development Committee. Yearly grants from corporate sponsors form the another portion of institutional backing. Eleven biomedical/pharmaceutical companies—led by G.D. Searle, Inc.; Baxter Healthcare, Inc.; Bayer, Inc.; and Pfizer Pharmaceuticals, Inc.—collectively pledged nearly \$1 million to the IPCD during 1990. The Institute's structure allows researchers to identify heart attack prevention techniques without product-design pressure. Sponsors, in turn, have access to IPCD specialists.

The Department of Surgery staff is well-known for its basic research accomplishments in surgical oncology that permit more precise treatment of colorectal tumors. As chairman of the national Commission on Cancer, Department Chairman Glenn Steele, Jr., M.D., PH.D., has helped developed a concept that could influence the care and treatment decisions for cancer patients of all types.

A National Cancer Database (NCDB), established by the Commission on Cancer and the National Cancer Society, will begin collecting prospective treatment data which eventually may allow the tracking of up to 70 percent of all cancer patients nationwide. The potential for analysis and improvement in diagnosing and treating such oncology patients is enormous; physicians will learn not only about specific types of cancer, but also how those cancers affect specific population groups.

The formation of the NCDB is another example of the Deaconess Hospital's work with health care colleagues to improve the welfare of patients everywhere. Through its clinical, educational and research programs, the Deaconess Hospital is determined to embody its mission statement, and to bring the highest values in health care to patients and collaborators, whomever they may be.



Volunteer and greeter
Richard Barry in the
Farr Building Lobby



John Hamill,
Dr. J. Richard Gaintner,
Colby Hewitt, Jr.,
Albert B. Washko
and Harold Hestnes



A message from the Chairman

It is particularly gratifying in my final year as Chairman to be able to confirm 1990 was indeed a splendid year, replete with the many accomplishments detailed within this fascinating Annual Report. Our Hospital is indeed an extraordinary enterprise.

Our president, Dr. Dick Gaintner, and Al Washko, our executive vice president, are to be roundly applauded for their leadership in completing many initiatives—all while managing an extremely smooth transition accompanied by many new faces. In turn, their recognition of those many who have been directly responsible is spread throughout the pages of this Report.

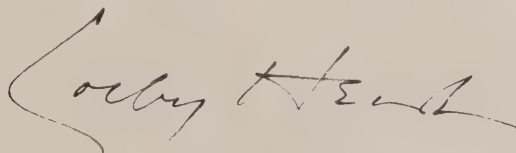
It will be time well spent to read this report carefully. I would draw particular attention to the intensified efforts to combine the unique talents of our tertiary hospital with community hospitals to provide quality care with attendant economies and increased referrals. It is also worthy to note, in *Giving back to the community* the extra efforts of Dr. Gaintner and others to commit to making the Deaconess a stronger partner in community and civic activities.

I would like to offer special thanks to the Friends of the Deaconess for their unstinting efforts. Also, it is very appropriate to recognize Volunteer Services and their 240 volunteers who contributed 39,409 hours in promoting and maintaining a caring atmosphere for our patients.

The Deaconess Mission and Strategic Planning were materially assisted by our experienced, dedicated group of Trustees and Corporators, who have provided hours of thoughtful support and counsel. Three Directors/Trustees have retired since January 1990: James Oates, Ann Spence and Eli Manchester, long-time chairman of the Compensation Committee. It is with particular sadness that I report the death of Corporator Charles L. Smith, Jr., who previously had served as trustee and vice chairman of the Board. The Hospital benefited from his leadership, his generous support and experienced counsel.

And for a peek into the future, 1991 will be marked by exciting and extensive efforts by all members of the Deaconess family in initiating the efforts of our Capital Campaign. In September 1990, the trustees approved a major Capital Campaign. The Building Program's compelling purposes and dramatic designs will be revealed throughout 1991. Our Hospital is depending upon everyone's enthusiastic support.

Regards,

A handwritten signature in dark ink, appearing to read "Colby Hewitt, Jr.", with a large, sweeping initial "C" on the left.

Colby Hewitt, Jr.

Chairman Board of Trustees

A letter from the President

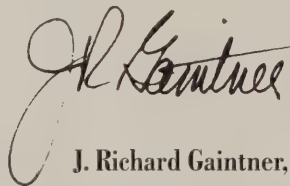
In this year's Annual Report, we are delighted to showcase some of our most valued partners in health and human services. Without them, the Deaconess Hospital could neither deliver the quality of care nor engender the values which so dramatically distinguish this institution.

I strongly believe the tradition of collaborative service to our patients is the right spirit and course in which to continue. In a world where sound primary care and strong specialty expertise are the keys to efficiency, efficacy, quality and value, we cannot and should not attempt to be all things to all people. But with the collaboration of our colleague community and academic institutions, we can collectively serve the breadth of patients' needs in a manner that is cost-effective and humane.

The redevelopment of our campus is a major milestone in positioning the Deaconess as a high-intensity institution in the regional system of caring. I am especially pleased to acknowledge the teamwork and diligence of the Clinical Department Chairmen and their dedicated staffs, as well as all employees across the Corporation who have worked together to make these plans a reality.

Further, I am grateful to the Board of Directors and to the members of the Corporation who so selflessly give of their time, talent and treasure to help our management team guide the Deaconess through this important decade of development. The next 10 years will be a time of great challenge. I hope everyone will join in my enthusiasm for a bright, constructive future for the Deaconess.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. R. Gaintner". The signature is fluid and cursive, with a large initial "J" and "R".

J. Richard Gaintner, M.D.

President and Chief Executive Officer

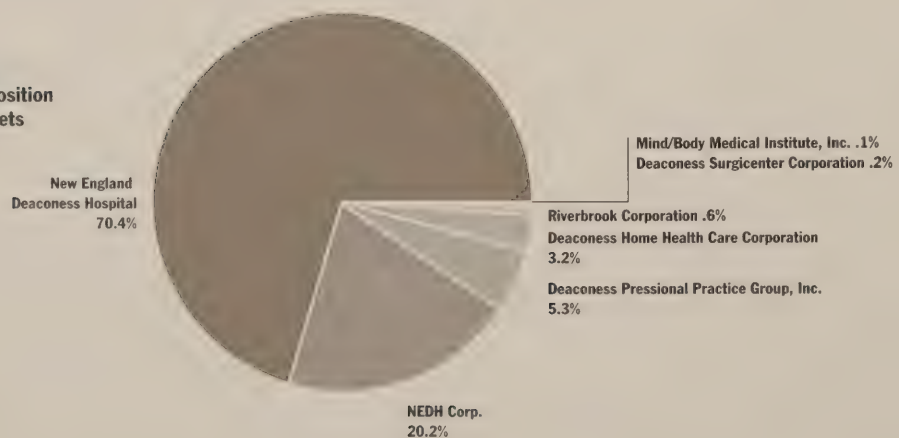
Drs. J. Richard Gaintner,
Glenn Steele, Jr.,
Robert C. Moellering, Jr.,
C. Norman Coleman,
Melvin E. Clouse
and (seated)
Drs. Harvey Goldman
and Ellison C. Pierce



NEDH Corp. and Subsidiaries
Consolidated Balance Sheets
September 30, 1990 and September 24, 1989
(dollars in thousands)

		FY 1990	FY 1989
Assets	General funds		
	Current assets	\$ 89,510	\$ 87,902
	Board-designated assets	39,513	34,275
	Property, plant & equipment (net)	73,738	63,616
	Total	\$202,761	\$185,793
	Restricted funds		
	Special purpose funds	\$ 21,843	\$ 20,596
	Endowment funds	14,789	14,195
	Plant replacement & expansion funds	3,206	1,960
	Total	\$ 39,838	\$ 36,751
	Total assets	\$242,599	\$222,544
Liabilities	General funds		
	Current liabilities	\$ 67,443	\$ 71,306
	Noncurrent liabilities	37,764	22,860
	Long-term debt	39,726	44,237
	Fund balances	57,828	47,390
	Total	\$202,761	\$185,793
	Restricted funds		
	Liabilities and fund balances	\$ 39,838	\$ 36,751
	Total liabilities and fund balances	\$242,599	\$222,544

**1990
Composition
of assets**



NEDH Corp. and Subsidiaries

Consolidated Statement of Revenues and Expenses

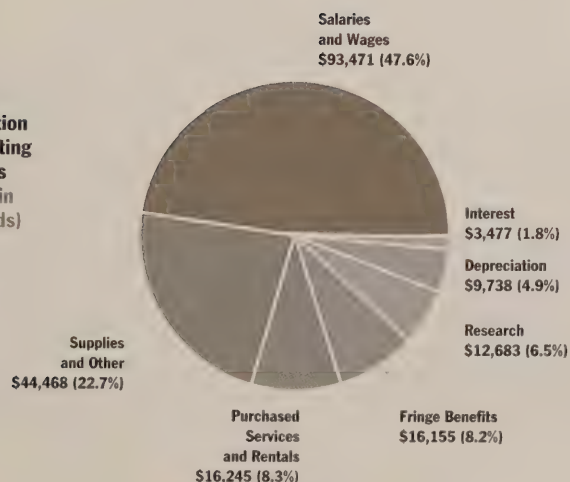
(dollars in thousands)

		New England Deaconess Hospital	Total Other Corp.*	Total NEDH Corp. & Subsidiaries
September 30, 1990	Net patient service revenue	\$159,557	\$ 28,434	\$187,991
FY 1990	Other operating revenue	25,494	3,888	29,382
	Total operating revenue	185,051	32,322	217,373
	Operating expenses	169,510	26,727	196,237
	Effect of a change in accounting for postretirement medical benefits	15,205	—	15,205
	Income from operations	336	5,595	5,931
	Nonoperating revenue	1,920	2,117	4,037
	Excess revenues over expenses	2,256	7,712	9,968

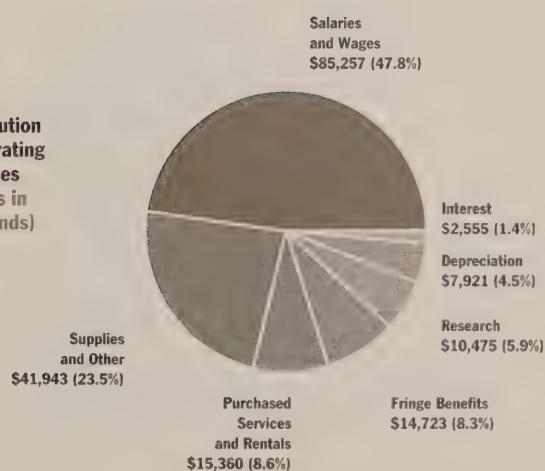
September 24, 1989	Net patient service revenue	\$137,690	\$ 21,993	\$159,683
FY 1989	Other operating revenue	19,528	3,351	22,879
	Total operating revenue	157,218	25,344	182,562
	Operating expenses	157,758	20,476	178,234
	Income (loss) from operations	(540)	4,868	4,328
	Nonoperating revenue	2,665	2,576	5,241
	Excess (deficiency) revenues over expense	2,125	7,444	9,569

* Includes
Deaconess Professional Practice Group, Inc.,
Deaconess Home Health Care Corporation,
NEDH Corp.,
Mind/Body Medical Institute, Inc.,
Deaconess Surgicenter Corporation and
Riverbrook Corporation.

**1990
Distribution
of operating
expenses
(dollars in
thousands)**

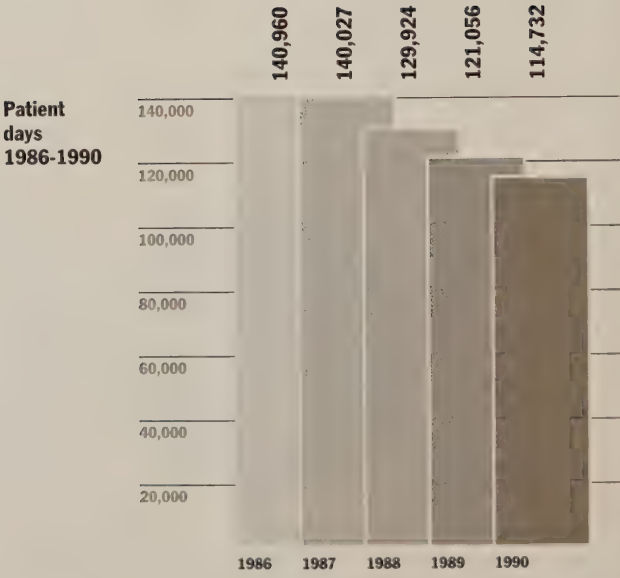
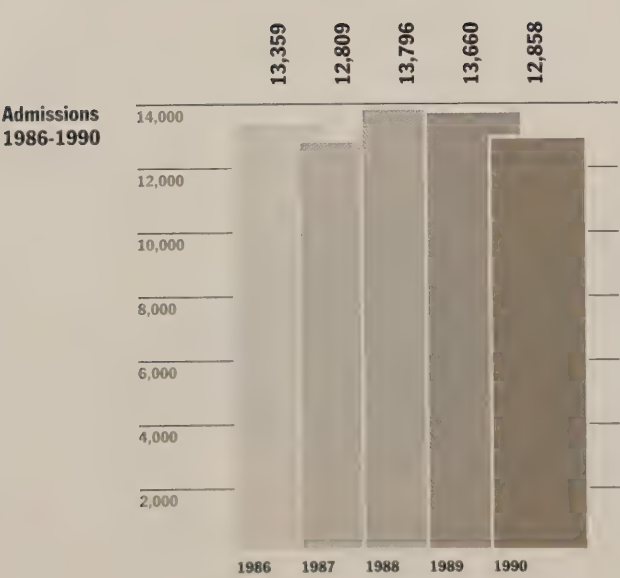


**1989
Distribution
of operating
expenses
(dollars in
thousands)**



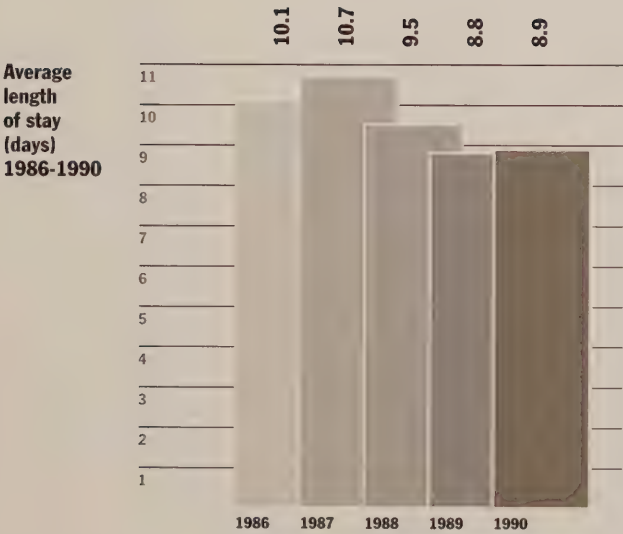
NEDH Corp. and Subsidiaries
Financial Highlights
(dollars in thousands)

	1990	1989	1988	1987	1986
Total revenues	\$221,410	\$187,803	\$162,484	\$130,986	\$139,290
Operating expenses	\$196,237	\$178,234	\$158,446	\$154,404	\$133,103
Excess (deficiency) of revenues over expenses	\$ 9,968	\$ 9,569	\$ 4,038	\$ (23,418)	\$ 6,187
Accounts receivable—net	\$ 59,053	\$ 60,072	\$ 44,483	\$ 39,916	\$ 30,736
Property, plant—net	\$ 73,738	\$ 63,616	\$ 56,550	\$ 54,643	\$ 51,566
Long-term debt	\$ 39,726	\$ 44,237	\$ 19,636	\$ 21,936	\$ 22,746
Total unrestricted asset	\$202,761	\$185,793	\$144,556	\$133,934	\$113,185



Operating Statistics
Fiscal Year 1990

	FY 1990	FY 1989
Occupancy	66.6%	69.6%
Admissions	12,858	13,660
Patient days	114,732	121,056
Average daily census	309.2	332.5
Average stay (days)	8.9	8.8
Surgical procedures	8,412	8,265
Surgical minutes	1,597,183	1,589,411
Radiological procedures	93,760	90,278
Radiation treatments	23,882	16,811
Laboratory units	54,498,304	48,132,529
Outpatient visits	114,885	92,258



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† As of 1990, prior to
January 22, 1991 Annual
Meeting

New England Deaconess Hospital Corporation

Sole member, NEDH Corp.

**As of 1990, prior to the January 22, 1991
Annual Meeting**

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John D. Young
Wilbur C. Ziegler
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England Deaconess
Hospital Corporation*
** *Deceased*

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